

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039058

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1216

FILED OCT 21 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in lb 3 Hours	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Methodist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		d. STREET ADDRESS (If outside, give location) Troy	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Lulu Belle Zimmerman			4. DATE OF DEATH Month Day Year October 11 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/23/1877	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Troy Kansas	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Daniel C. Sinclair		13b. MOTHER'S MAIDEN NAME Sarah A. Halloway		14. NAME OF HUSBAND OR WIFE A. B. Zimmerman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of No No		16. SOCIAL SECURITY NO. No		17. INFORMANT Albert E. Zimmerman Troy Kansas	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Diabetic nephropathy - Uremia 24 hrs</i> <i>Diabetes Mellitus over 10 yrs.</i> DUE TO (b) <i>Diabetes Mellitus</i> DUE TO (c) <i>Diabetes Mellitus</i>		INTERVAL BETWEEN ONSET AND DEATH 24 hrs over 10 yrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from <i>August 30, 1963</i> death and last saw her alive on <i>11 Oct 63</i> Death occurred at <i>5:30 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Emerson Joder M.D.</i>	22b. ADDRESS <i>Denton Kans</i>	22c. DATE SIGNED <i>10-14-63</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/11/63	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive	23d. LOCATION (City, town, or county) (State) Troy Kansas
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24. FUNERAL DIRECTOR <i>Vernon B. Schubert</i>	ADDRESS Troy Kansas	25. DATE RECD. BY LOCAL REG. Oct. 16, 1963	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Standell</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
E. Joder, M.D.

BY AFFIDAVIT OF

200001-010

Permit issued 10-14-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm B. Lihlute

Licensed Embalmer No. 5235

P. O. Address Tray, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.